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Bib Data Sheet

CONFIRMATION NO. 2040

SERIAL NUMBER 10/670,935	FILING DATE 09/25/2003 RULE	CLASS 181	GROUP ART UNIT 2837	ATTORNEY DOCKET NO. P03,0376
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APPLICANTS

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** CONTINUING DATA *****

NONE

ESM

** FOREIGN APPLICATIONS *****

EUROPEAN PATENT OFFICE (EPO) 02021477.1 09/25/2002

ESM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/18/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> pt <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

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TITLE

Hearing aid device that can be worn in the ear with a housing

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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